

FILED JUL 1 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

570222011
STATE FILE NUMBER

Registration District No. 261 Primary Registration District No. 3048 Registrar's No. 167

1. PLACE OF DEATH a. COUNTY Nodoway				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodoway			
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Maryville			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Burlington Junction			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hosp.		Length of stay in 1b 12 hrs.		d. STREET ADDRESS (If outside, give location) 7M1. Southwest			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) MARY ELLEN WYMER				4. DATE OF DEATH June 23 1957			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 6, 1865	9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper			10b. KIND OF BUSINESS OR INDUSTRY In the home		11. BIRTHPLACE (City and state or country) Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME ***** Abernathy				14. MOTHER'S MAIDEN NAME ***** Russing			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No *****		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs. David Greeley Burl. Jct. Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intra-cranial hemorrhage							INTERVAL BETWEEN ONSET AND DEATH 12 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 9000 DUE TO (c) 21							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Seizure & arteriosclerosis generalized							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Fell down steps & hit head.					
20c. TIME OF INJURY 6:30 p.m. 6-22-57							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION Skidmore		20g. COUNTY Nodoway	
20h. STATE Mo							
21. I attended the deceased from June 22 to 6-23-57 and last saw her/him alive on 6-22-57 Death occurred at 8:45 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) HC Baiman MD				22b. ADDRESS 12th Main Maryville Mo		22c. DATE SIGNED 6-25-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 25, 1957		23c. NAME OF CEMETERY OR CREMATORY Burr Oak Cemetery		23d. LOCATION (City, town, or county) (State) Skidmore Mo.	
24. FUNERAL DIRECTOR ADDRESS Schooler Funeral Home Fairfax Mo.				25. DATE RECD. BY LOCAL REG. 6-29-57		26. REGISTRAR'S SIGNATURE Bess Hult	

(Licensed Embalmer's Statement on Reverse Side)

JUL 2 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Marvin N. Schas*

Licensed Embalmer No. *41*

P. O. Address *Fairfax*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.